				Approved f	PTO/38/21 (09-04) for use through 07/31/2006, OMB 0651-0031	
Under the Paperwork Reduction	n.Act of 1995, no person	U.S. I s are required to respond to a co	Patent and T lection of In	rademark C	Office; U.S. DEPARTMENT OF COMMERCE	
		Application Number	00/886,16	o		1
TRANSMIT	TAL	Filing Date	528	海IVED		
FORM		First Named Inventor Ingmas, Mark G.				AX CENTE
		Art Unit	2154		CENTRAL	THE CENTE
(to be used for all correspondence	ce atter inittal tiling)	Examiner Name	Nicholas /	\. Martin	FEB	28 2005
Total Number of Pages in This Su	10-	Attorney Docket Number	80-00			
	ENCI	LOSURES (Check all	that apply	1)		7
Fee Transmittal Form	П,	Orawing(s)			After Allowance Communication to 1C	1
Fee Attached		icensing-related Papers			Appeal Communication to Board of Appeals and Interferences	
Amandmont/Pontu		Patilion			Appeal Communication to TC	
Amendment/Reply		Petition to Convert to a		ļ — `	Appeal Notice, Brief, Reply Brief)	
After Final		Provisional Application Power of Attorney, Revocatio	n	<u> </u>	Proprietary Information	[
Affidavits/declara		Change of Correspondence A		-1 🖵	Status Letter	
Extension of Time Reque	est []	Ferminal Disclaimer			Other Enclosure(s) (please Identify below):	ļ
Express Abandonment R	tenunat	Request for Refund			·	
	1	DD, Number of CD(s)				
Information Disclosure St	ratement L	¬ ·				
		Landscape Table on CE)		urija a alika dikit saaran karan	
Certified Copy of Priority Document(s)	Remar	<u>k5</u>				
Reply to Missing Parts/						
Incomplete Application Reply to Missing (Parts					
under 37 CFR 1.6						
	SIGNATURE C	F APPLICANT, ATTO	RNEY, C	R AGE	NT]
Firm Name						
Signature		フ				1
Joseph E. Gho	ovanes					1
Date 02/28/05		ŀ	łog. No.	33,481]
						_ \
	CERTIFIC	ATE OF TRANSMISSI	ON/MAI	LING		_]
sufficient postage as first class m	ndenco is boing facsir ail In an envelope add	nile transmitted to the USPT tressed to: Commissioner for	D or depos Patents, F	ited with th 2.O. Box 14	ne United States Postal Service with 450, Alexandria, VA 22313-1450 on	
the date shown below: Signature	En		··	· -		1
Typed or printed name - Josep	h E. Chovanes	nes			Date 02/28/05	<u> </u>

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is government by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form endor suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Insidential Comments of Comments P.O. Box 1450, Alexandria, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA. 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04v2) Approved for use through 07/31/2005, OMB 0651-0032

Hoder the Rener	work Reduction Act (of 1995 no	persons are requirer()	o resi	U.S. Palent : pond to a collection	and Tra- of infoo	demark ()(III mation unle	ce, U.S. Di ss II display	FARTMENT OF COMMERCE As a valid OWIR control number		
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005					Complete if Known						
					Application Number 0		09/886,169				
					Filing Date	6/21/2001					
					First Named Inventor		Thomas, Mark G.				
Applicant claims and leathy status. Car 27 CUD 4 27					Examiner Name Niel			pholas A. Martin			
Applicant claims small entity status. See 37 CFR 1.27					Art Unit	2154					
TOTAL AMOUNT OF PAYMENT (S) 570 22					Attorney Docket No. 80 00						
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify);											
Deposit Account Deposit Account Number Deposit Account Name:											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
	Charge fee(s) indicated below Charge fee(s) Indicated below, except for the filling fee										
Charge and difficult facial as and an analysis of the facial as a state											
Credit any overpayments or ree(s) Credit any overpayments Credit any overpayments Credit any overpayments Credit and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card											
information and authorization on PTC-2038.											
FEE CALCUL	ATION										
1. BASIC FILI			MINATION FEES								
1	FIL	ING FEE. Smal	:S SE/ I <u>l Entity</u>		H FEES Small Entity	EXAN	INATIOI Small	N FEES Entity			
<u>Application</u>	Type <u>Fee</u>			(\$)	Fee (\$)	Fee		0_(\$)	Fees Paid (\$)		
Utility	300	0 1	50 50	Ü	250	200) 10	00			
Design .	200	D 16	00 100	0	50	130) 6	55	*****		
Plant :	200	0 10	00 30	n	150	160) 8	80			
Reissne	300	0 1:	50 500	0	250	600) 30)()			
Provisional	.200	0 10	00	0	0	C)	0			
2. EXCESS CLAIM FEES Fee Description Mach claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 19											
Other (e.g., late filing surcharge): Three month extension											
SUBMITTED BY				1=							
Signature	Registration No. (Attorney/Agent) 33,481							Telephane 610-648-3994			
Name (Print/Type)	Joseph F. Chova	005						Date 2/2	8/05		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to tile (and by the LISPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Patient and Time HIERA Office, U.S. Department of Commorce, P.O. Box 1450. Alexandria, VA 22313-1450. UO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1 800-PTO-9199 and select option 2.

RECEIVED CENTRAL FAX CENTER

FEB 2 8 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Scrial No.:

09/886,169

Filed:

6/21/2001

For:

APPARATUS, METHODS

AND ARTICLES OF MANUFACTURE FOR

INTERCEPTING, EXAMINING AND

CONTROLLING CODE, DATA

AND FILES AND THEIR TRANSFER

Art Unit:

2154

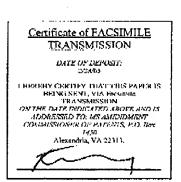
Dixaminer:

Nicholas A. Martin

Atty Dkt.:

80-00

MS Amendment Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450



AMENDMENT AND RESPONSE

This amendment and response is being filed within the six month statutory period for response set in the Office Action dated August 26, 2004. A petition for three month extension is enclosed herewith.

Reconsideration and allowance of the application is respectfully solicited based on the remarks set forth herein.

Amendments to the Specification begin on page 3 of this paper.

Amendments to the Drawings are attached hereto.

Amendments to the Claims are reflected in the listing of claims which begins on page 5 of this paper.

Remarks begin on page 10 of this paper.